



RECREATION & SENIOR SERVICES DEPARTMENT RESERVATION REQUEST

This reservation contract is issued in accordance with the policies outlined on the following page as established by the City Council, Parks, Beaches & Recreation Commission, and the Recreation & Senior Services Director. Please add any necessary additional information. All reservation forms must be signed and returned along with fees and deposits before consideration of use approval. **SUBMISSION OF RESERVATION REQUEST DOES NOT CONSTITUTE APPROVAL.** Facility Reservations require a minimum of **10** working days to be processed. Please read the *Facility Use Regulations* before completing this form.

Reservation Issued To: _____

Organization: _____ President/Chairperson: _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Business Phone: _____ Cell Phone: _____

Email: _____ Fax: _____ Emergency Contact: _____

Reservation Date: _____ Day of Week: _____ Time: _____ to _____

Facility and Room Selection

☐ Newport Coast ☐ OASIS ☐ CYC ☐ Other Facility/Park _____

Room Name / Number or Specific Area _____

NOTE: At this time there are no recurring rentals available.

Description of Event: _____

Please list any planned activities: _____

Will there be amplified sound? Yes / No If yes, describe _____

Bounce House or Gymnastics Groups? Yes / No Company Name: _____

Please note that the City of Newport Beach requires that any provider of Bounce Houses, Play Structures, Gymnastics Activities, Bungee Jumps, or similar play activities must have current certified insurance documents on file with the Recreation & Senior Services Department. No park use permit will be issued for such activities until the insurance requirement is met. (Train rides, Pony Rides, and Petting Zoos are NOT PERMITTED)

Estimated Attendance: _____ % of Participants Live in City: _____ Open to Public? _____

Will the facility be used for raising money? Yes / No

If Yes, what will the net proceeds be used for? _____

Will a catering service be used? Yes / No Company Name, Address, and Phone: _____

I, the undersigned, on behalf of the above named organization, do hereby agree to indemnify and hold harmless the Director of the Recreation and Senior Services Department, its personnel, the City of Newport Beach, and any of their officers, agents or employees from any liability or claim or action for damages resulting from or in any way arising out of the use of the facility or equipment and will agree to abide and enforce the Rules, Regulations and Policies governing the facility as set forth by the City Council, Parks, Beaches and Recreation Commission and Recreation & Senior Services Department. Said organization will accept all responsibility for any damage to premises, furniture, equipment or grounds resulting from use of facility. **IN THE EVENT OF FACILITY CANCELLATION BY THE GROUP/PERSONS, A MINIMUM SERVICE FEE WILL BE CHARGED – PLEASE SEE FEES ON RESERVATION FEES FORM. IF THE INITIAL PAYMENT WAS MADE BY CHECK, A PHOTO COPY OF THE CANCELLED CHECK IS REQUIRED BY THE RECREATION & SENIOR SERVICES DEPARTMENT IN ORDER TO PROCESS A REFUND.**

I, the undersigned, have read the above statements and the Facility Use Regulations form, and understand them fully.

Applicant Signature: _____ Date: _____

Department Signature: _____ Date: _____

Name on Credit Card: _____

Method of Payment: ☐ Cash ☐ Check ☐ Credit Card

Credit Card # _____ Exp. Date _____ Check one: ☐ Visa ☐ MC ☐ AMEX

*** FOR OFFICE USE ONLY ***

Fee Required - Yes: _____ No: _____

AMOUNT

Room/Patio/Stage Rental: _____ \$ _____

Security Guards: _____ \$ _____

Equipment Fees: _____ \$ _____

\$5 Admin Fee _____ \$ _____

TOTAL FEES: \$ _____

SECURITY DEPOSIT (on file) \$ Check # ____ Card # _____ Exp Date _____

**RECREATION & SENIOR SERVICES DEPARTMENT
FACILITY RESERVATIONS CONTACT LIST**

RECREATION PARKS AND FACILITIES

3300 Newport Blvd – Newport Beach, CA 92663

Phone: (949) 644-3151 * FAX: (949) 644-3155

Contact: Matt Dingwall or Jessica Battioli

NEWPORT COAST COMMUNITY CENTER

6401 San Joaquin Hills Rd - Newport Coast, CA 92657

Phone: (949) 270-8100 * FAX: (949) 721-1627

Contact: Melissa Gleason

COMMUNITY YOUTH CENTER

3000 5th Ave – Corona del Mar, CA 92625

Phone: (949) 644-3165 * FAX: (949) 721-1326

Contact: Kerran Lakin

OASIS SENIOR CENTER

800 Marguerite Ave – Corona del Mar, CA 92625

Phone: (949) 644-3244 * FAX: (949) 640-7364

Contact: Marci Knapp